MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		1				
3		1				
4		1				
5		1				
6	/					
7		1				
8		1				
9		1				
10		1				
11		1				
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49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS	96					

		IND	DEP	IND	DEP	IND	DEP
51							
52							
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100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							